STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
***Matthew A. Brown**, Secretary of State*

*Corporations Division*
*100 North Main Street*
*Providence, RI 02903-1335*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

***Filing Period: September 1 - November 1** • **Filing Fee: $50.00***

***(FORM MUST BE TYPED OR PRINTED IN BLACK)***

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 116919 | M & Z Hotel Associates, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | Hotel + Parking |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 307 Great Island Rd | NARRAGANSETT | RI | 02882 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Gerry Zito | MANAGER |

| Street Address | City | State | Zip |
|---|---|---|---|
| 307 Great Island Rd. | NARRAGANSETT | R.I. | 02882 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
**FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)*** ☐
**ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52**

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Gerald Zito | 307 Great Island Rd | NARRAGANSETT | R.I. | 02882 |
| | | | | |
| | | | | |

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | City | Zip |
|---|---|---|---|
| THOMAS QUINN, ESQ. | | | |
| 55 PINE STREET | | PROVIDENCE | 02903- |

*This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] *116919* [redacted]

| | |
|---|---|
| *File Date* | 9/25/03 |
| *Check No.* | 5751 |
| *By:* | KML |

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gerald Zito 9/13/03
*Signature of Authorized Person* *Date*

Gerald Zito Managing Partner
*Print or Type Name of Authorized Person*

[redacted]

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Matthew A. Brown, Secretary of State*
*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

*Filing Period: September 1 - November 1 • Filing Fee: $50.00*

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 116919 | M & Z Hotel Associates |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Hotel, Liquor Sales, Food and Beverage |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 307 Great Island Road | Narragansett | RI | 02882 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Gerald Zito | MANAGER |

| Street Address | City | State | Zip |
|---|---|---|---|
| 307 Great Island Road | Narragansett | RI | 02882 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Gerald Zito | 307 Great Island Road | Narragansett | RI | 02882 |
| | | | | |
| | | | | |

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | City | Zip |
|---|---|---|---|
| Thomas Quinn | 55 Pine Street | Providence, RI | 02903 |

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SECRETARY OF STATE

*This report must be signed in ink by an authorized person pursuant to 7-16-66.*

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — Date: 7/20/03

[redacted]

Gerald Zito Manager
*Print or Type Name of Authorized Person*

| FOR SECRETARY OF STATE USE ONLY | |
|---|---|
| File Date | FILED |
| Check No. | JUL 22 2003 |
| By: | L. |

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Form 632 Rev. 6/02